

Please print or type. Additional information related to volunteer experience may be included on a separate sheet. Print, sign and send to: Volunteer Coordinator, South Carolina State Library, Talking Book Services, P.O. Box 821, Columbia, SC 29202.

Name:

(Last)_____ (First)_____ (Initial)_____

Address:

City:_____ County:_____

State:_____ Zip:_____

Phone: Home (____)_____ Daytime (____)_____

E-Mail: _____

Special Skills:

Why do you want to become a library volunteer?

Please provide additional information that relates to other volunteer experience or related work.

I am interested in volunteering as a:

Narrator

Cassette book inspector

Monitor

Outreach volunteer

Production assistant

Specify the day and time of day (morning or afternoon) which you are available to work.

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Do you have your own transportation? YES NO

Signature _____

Date _____

All volunteer work, except outreach, is done at the library, 1430 Senate, Columbia, SC.